

Ascertaining Barriers for Compliance: policies for safe, effective and cost-effective use of medicines in Europe

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Research results unequivocally point at non-adherence as a major barrier to realise the benefits of evidence-based treatments, both in the case of long-term treatment and of short-term medication, e.g. antimicrobial therapy. The lower the adherence, the poorer the outcomes, and the less cost-effective treatments become. Moreover, non-adherence is accompanied with increased health services utilisation, and increased healthcare expenditures. With its prevalence reaching 50% of patients, medication non-adherence is a global issue of major public health concern.

ABC Project (Ascertaining Barriers to Compliance: policies for safe, effective and cost-effective use of medicines in Europe) is the EU-funded research initiative to improve patient adherence to medication in Europe. The strategic goal of this project is to produce evidence-based policy recommendations for improving patient adherence, and thus raising the effectiveness use of medications by Europeans. Project's findings are expected to help health policymakers to take right decisions in order to minimise the negative impact of non-adherence. ABC was launched on 1 January 2009 and will run until 30 June 2012.

Inside this issue: Details of the European Forum on Patient Adherence to Medication organized on 8 December 2011 in Brussels and draft ABC recommendations for the policy on non-adherence.



Inside this issue:

The European Forum on Patient Adherence to Medication,
8 December 2011, Brussels & Draft ABC
Recommendations for the Policy on Non-adherence.



www.ABCproject.eu



European Forum on Patient Adherence to Medication

Brussels, Belgium
8 December 2011

The European Forum on Patient Adherence to Medication is the international event gathering Members of the European Parliament, health policy makers of national and European level, health professionals, pharmaceutical industry and other public health stakeholders.

The Forum is devoted to overall presentation and discussion of the ABC Project's results, including the strategy for enhanced effectiveness and cost-effectiveness of health systems in Europe due to improved patient adherence to medication.

The event is organised by the ABC project team and was granted patronage of the European Parliament, the Polish EU Presidency and Jacek Saryusz-Wolski MEP.

Agenda

10.30 Registration

11.00 Welcome and Introduction to medication adherence and the ABC project
Professor Przemysław Kardas (Medical University of Lodz, Poland and ABC Project Co-ordinator)

11.15 ABC Project findings and draft policy recommendations for adherence improvement
Professor Dyfrig Hughes (Bangor University, Wales, UK)

12.00 ABC Project - Questions and Answers

Dr Bernard Vrijens (AARDEX Group Ltd, Switzerland & University of Liège, Belgium)

12.15 Draft policy recommendations and their implementation
Existing gaps in understanding of adherence, and the directions for future research:
Group discussion
Professor Sabina De Geest (Center for Health Services and Nursing Research, Katholieke Universiteit Leuven, Belgium & Institute of Nursing Science, Faculty of Medicine, University of Basel, Switzerland)

13.00 Final thoughts and discussion
Dr Bernard Vrijens (AARDEX Group Ltd, Switzerland & University of Liège, Belgium) & Dr Val Morrison (Bangor University, Wales, UK)

13.30 Lunch (and press conference)

19:00 Evening networking and drinks reception – Hotel Bloom, Rue Royale 250, Brussels



Ascertaining Barriers
for Compliance

Draft ABC policy recommendations for the management of adherence

Defining the problem

- Any initiatives in respect to patient adherence to medications should address its 3 distinct elements:
 - Initiation, implementation, discontinuation

A sound basis for intervention development

- Interventions aimed at improving adherence must acknowledge the complex nature of non-adherent behaviour and be adopted at different levels of the healthcare system, that is patient level, provider level (micro), organization (meso) and health care system (macro)
- Interventions are more likely to promote a sustainable behaviour change if based on a consolidation of behavioural models across disciplines
- Key targets for intervention include:
 - improvement in self-efficacy
 - reducing barriers to medication
- Patients' preferences for the benefits, harms and convenience of medicines, influence their decision to continue taking a medicine and should be considered when developing new medicines, formulations or interventions
- Determinants of non-adherence also differ by country

Interventions to enhance adherence to medications

- Interventions intended to manage adherence should include, beside education, motivation and performance-based feedback to achieve measurable, pharmacologically sound goals
- Management of adherence derives benefit from a 'system-based' approach, wherein each stakeholder has a specific role to play:
 - the patient, their family & relatives, healthcare providers, institutions, and healthcare systems
- The effects of interventions wane over time, calling for innovative approaches to achieve sustainable management, validated by long-term program evaluation
- Management of adherence in patients co-prescribed multiple medicines for chronic and acute conditions may require different approaches

Implementation

- The principles and practice of management of adherence should be included in curricula for all healthcare professionals, but primarily doctors, nurses, and pharmacists
- Educational framework requires 3 components:
 - Competency framework, curriculum, diagnostic tool for assessing adherence, and practice based training modules
- Specific, evidence-based practice guidelines are needed
- More evidence on the cost-effectiveness of adherence-enhancing interventions is necessary to inform policy implementation
- In order to help further benchmarking of both research, and interventions aimed at non-adherence, the use of uniform consensus terminology, and high quality scientific methodology is strongly advocated



The Medical University of Lodz is a higher state school created in 2002 from a merge of civil and military medical schools. Now, it continues the several-decade history and tradition of both of these universities. With its 8 divisions and 7 teaching hospitals, 10000 students and app. 1600 academics, Medical University of Lodz belongs to the leading Polish medical universities. The University is strongly committed to scientific research in a number of health-related disciplines as well as national and international scientific cooperation. Within the ABC project, Medical University of Lodz will play a role of the coordinator of international research consortium, and will be responsible for identification and classification of the determinants of non-compliance with short-term and long-term treatments.



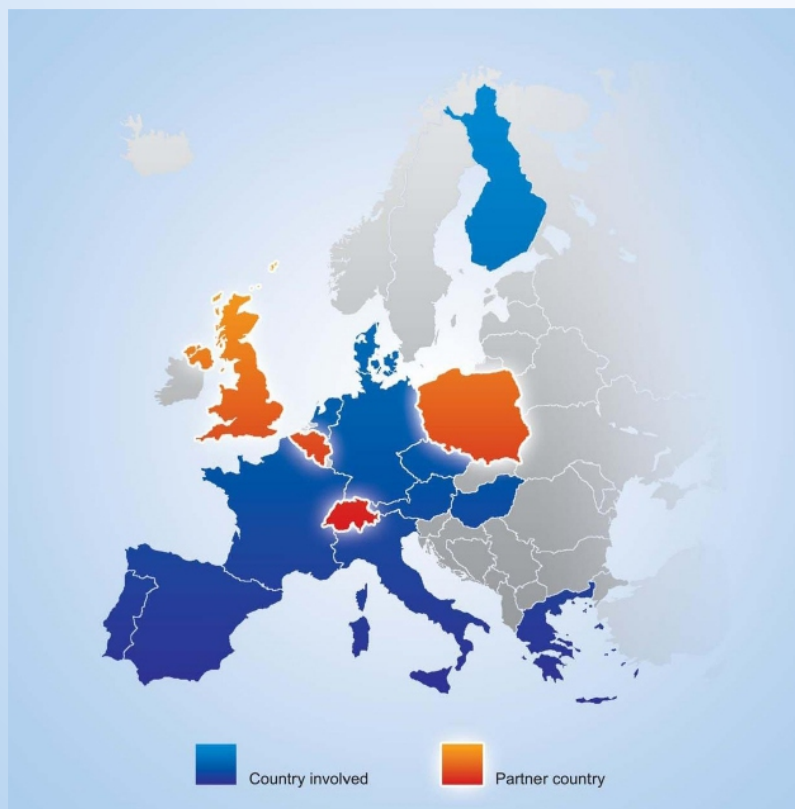
Founded in 1884, Bangor University now has over 10,000 students and 2,000 members of staff. The University has a strong research base across a spectrum of academic disciplines engaging in research at national and international levels. The University provides strong support for research activities including encouraging links with commercial and industrial bodies in the UK and overseas. Health-related research is led from within the College of Health and Behavioural Sciences. Within the ABC project, Bangor University will be responsible for construction of the conceptual framework for the determinants of non-compliance and cost-effectiveness evaluation of compliance-enhancing interventions.



Aardex Group Ltd. is the world leader in products and services for measurement-guided medication management - the process by which one measures, analyses and improves the compliance of a patient with the prescribed treatment. In clinical trials, the services provided by AardexGroup allow one to measure, and thus to manage, the exposure of ambulatory patients to drugs being tested. The methods also make it possible to screen patients, especially those taking multiple non-trial medicines, to identify those whose compliance meets a minimal standard for trial enrolment. In clinical practice, Aardex Group offers patient management programs, based on reliably compiled drug dosing histories, to enhance patient compliance to prescribed drugs. Aardex Group also maintains a growing database of electronically compiled drug dosing histories in a wide range of diseases, showing the incidence and scope of noncompliance in the absence of medication management. Such information is essential for realistic planning of drug trials. Within the ABC project, Aardex Group will lead the activities aiming to build up a consensus on European taxonomy and terminology of patient compliance, and reviewing compliance-enhancing interventions.
www.AARDEXgroup.com



The University of Leuven is a modern university, which offers an ideal **research and learning environment**, rooted in a solid and venerable tradition but with its sights set squarely on the future. The university nurtures a varied and complementary set of **scientific disciplines**, based on fundamental, applied, clinical, and policy-oriented research. The pursuit of quality is equally central to the University's educational programmes. With its unique expertise in instruments development and validation, within ABC project, K. U. Leuven will actively participate in the assessment of prevalence, determinants and consequences of non-compliance, and testing the efficacy of adherence enhancing interventions.
www.kuleuven.be



ABC project coverage

The project covers 16 European countries:

- 4 partner countries - Belgium, Poland, Switzerland and United Kingdom

-12 other countries:

Austria, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Italy, Netherlands, Portugal, and Spain

Visit our website www.ABCproject.com

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